

# COVID-19 Vaccination Plan

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STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH  
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## Record of Changes

**Date of original version:**

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## Instructions for Jurisdictions

The COVID-19 Vaccination Plan template is to assist with development of a jurisdiction's COVID-19 vaccination plan. Jurisdictions should use this template when submitting their COVID-19 vaccination plans to CDC.

The template is divided into 15 main planning sections, with brief instructions to assist with content development. While these instructions may help guide plan development, they are not comprehensive, and jurisdictions are reminded to carefully review the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations* as well as other CDC guidance and resources when developing their plans. Jurisdictions are encouraged to routinely monitor local and federal COVID-19 vaccination updates for any changes in guidance, including any updates to the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

## Terms & Acronyms

The following are a list of terms and acronyms used in this document:

- Advisory Committee on Immunization Practices (ACIP)
- American Community Survey (ACS)
- ARDEM – Contractor used to key immunization forms for upload to WebIZ
- Arkansas Chapter of Academy of Family Physicians (AR AFP)
- Arkansas Department of Corrections (ADC)
- Arkansas Department of Emergency Management (ADEM)
- Arkansas Department of Health (ADH)
- Arkansas Health Care Association (AHCA)
- Arkansas Medical Society (AMS)
- Arkansas Vaccine Medical Advisory Committee (VMAC)
- Association of Public Health Laboratories (APHL)
- Behavioral Risk Factor Surveillance System (BRFSS) for Arkansas
- Clinical Decision Support for Immunization (CDSi)
- Closed POD (C-POD)
- COVID-19 Immunization Program
- COVID-19 Prevention Workgroup
- Crisis and Emergency Risk Communication (CERC)
- Current Population Survey (CPS)
- Cybersecurity and Infrastructure Security Agency (CISA)
- Data Use Agreement (DUA)
- Emergency Medical Services (EMS)
- Emergency Operations Center (EOC)
- Emergency Use Authorization (EUA) fact sheets
- Envision – Vendor working to connect the various state IIS systems
- Health Alert Network (HAN) – Emergency Communication Network for Arkansas
- Health Preparedness and Emergency Response (HPER) for ADH
- Hometown Health Improvement (HHI) Initiative
- Immunization (IZ) Gateway Connect and Share components
- Immunization Information Systems (IIS)
- Joint Information Center (JIC) for Arkansas
- Local Health Units (LHU)
- Long-Term Care Facilities (LTCF)
- Marshallese Educational Initiative (MEI)
- Medical Counter Measures (MCMs)
- National Academies of Sciences, Engineering, and Medicine (NASEM)
- National Academy of Medicine (NAM)

- National Association of Chain Drug Stores (NACDS)
- National Institutes of Health (NIH)
- Occupational Safety and Health Administration (OSHA)
- Open POD (O-POD)
- Operation Warp Speed (OWS)
- Pandemic Severity Assessment Framework (PSAF)
- Pandemic Vaccination Planning Group (PVPG)
- Points of Contact (POCs)
- Points of Distribution (POD)
- Public Health Preparedness (PHP)
- Receive, Stage and Store (RSS) Warehouse for ADH
- Research Electronic Data Capture Application (REDCap)<sup>1</sup>
- School Located Vaccination (SLV) clinics
- Secure Access Management Services (SAMS) partner portal<sup>2</sup>
- Strategic National Stockpile (SNS)
- Survey of Income and Program Participation (SIPP)
- Vaccine Administration Management System (VAMS)
- Vaccine Adverse Event Reporting System (VAERS)
- Vaccine Information Statements (VISs)
- Vaccine Tracking System (VTrckS)
- Vaccines for Children (VFC) Program
- WebIZ - Immunization Information System for the State of Arkansas
- Well Path – Vendor which holds the contract for providing health care to inmates in state correctional facilities
- Women Infants and Children (WIC)

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<sup>1</sup> REDCap is a secure web application for building and managing online surveys and databases.

<sup>2</sup> A website designed to provide centralized access to public health information and computer applications operated by the CDC.

## Section 1: COVID-9 Vaccination Preparedness Planning (Early Planning)

### **Instructions:**

- A. Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.**

The 2009 H1N1 Pandemic Vaccination Response plan was reviewed in its entirety during the Pan Flu planning meetings.

Starting January 21, 2020 through January 31, 2020 the Planning Section met from 0830 to 1600 in the Arkansas Department of Health's (ADH) Emergency Operations Center (EOC). The ADH's pandemic influenza plan was revamped and updated in preparation for the possible introduction of COVID-19 into the United States. Following those extensive Pan Flu planning meetings, the Planning Section met two additional times, February 6, 2020 to February 14, 2020 and March 10, 2020, in order to make modifications to the Arkansas State Strategic National Stockpile (SNS) Plan that was incorporated into the larger pandemic influenza plan.

### Lessons Learned

1. There needs to be greater communication among all entities (i.e., the federal government, CDC, the ADH and Arkansas Department of Emergency Management (ADEM), as well as regional health care coalition leadership) as the plans change due to direct shipping to hospitals and pharmacies versus shipping to the ADH Receive, Stage and Store (RSS) Warehouse site, and the use of the SNS distribution plan.
2. The ADH recognized that volunteer workers would be vital to the success of mass clinics and School Located Vaccination (SLV) clinics. ADH Local Health Units (LHUs) called upon many community groups and local volunteers to assist with mass clinic operations.
3. Contracts need to be established with temporary personnel placement agencies to enhance the availability of nurses, administrative support staff, and other positions during an emergency in order to facilitate needed employees at facilities such as the ADH EOC, call centers, warehouse operations, and quarantine facilities.
4. Page 2 of the ADH 2009 H1N1 and Seasonal Flu Response After Action Report and Improvement Plan stated the continued training of ADH personnel in the National Incident Management System as a primary area for improvement. The ADH medical countermeasures (MCM) plans are updated annually and are exercised at the state level biannually, which requires continual and consistent engagement of ADH personnel to stay abreast of these changes.

### Partner List

During and following the H1N1 response, the ADH has maintained a list of pharmacies that were involved in vaccine administration. This list is maintained by the ADH Pharmacy Branch. The list of assisting pharmacies, SLV clinics, and partner organizations was included in the ADH H1N1 and Seasonal Flu Response After Action Report and Improvement Plan.

As part of the agency's annual flu clinics held across the state, ADH Local Health Units in conjunction with ADH Health Preparedness and Emergency Response (HPER) Coordinators maintain communication and coordination with community leaders and businesses to assist with wrap-around services (e.g., food, volunteers and security). The H1N1 list was a list of pharmacy locations that were working in conjunction with CDC assets in order to receive vaccine. This was discussed in the January 31, 2020 planning meeting with the Pharmacy Section in the ADH EOC.

This list was reviewed during the planning meeting for Pan Flu which included the ADH Pharmacy Branch. The ADH Pharmacy Branch has been involved a part of the COVID-19 response in implementing medical countermeasures from the Department of Health and Human Services (e.g. Remdesivir allocations).

The ADH Health Preparedness and Emergency Response Branch (HPER) held a meeting on February 18, 2020 in the EOC with the ADH, Army National Guard and Little Rock Airforce Base to discuss roles and possible assistance during a COVID-19 pandemic. Additionally, the HPER Public Health Coordinators reviewed both open and closed Points of Dispensing plans and agreements. The Open POD and Closed POD list are kept by the PHP Regional Coordinator. These are not shared publicly for security reasons.

### Planning Assumptions

The current revision of the ADH Pandemic Influenza Response Plan incorporates concepts from the CDC's Pandemic Severity Assessment Framework (PSAF), which is referenced in the 2017 HHS Pandemic Influenza Plan Update. The recent revision has also adopted the CDC's pandemic intervals and domains as a framework for the response.

- B. Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.**

Arkansas Immunization Action Coalition, ImmunizeAR, will provide training for pharmacies, clinics and other nontraditional providers to conduct drive-through/curbside immunization clinics by adapting the model for their location. Training will include preparing, planning and executing curbside/drive-through immunization clinics; training for proper vaccine storage and handling, including monitoring temperature of vaccines; and proper vaccine transport. This



training will be on-demand and will include pre and post-tests. The workshop is scheduled for November 1, 2020.

## Section 2: COVID-19 Organizational Structure and Partner Involvement

### Instructions:

#### A. Describe your organizational structure.

The ADH is a unified or centralized health department, with a main office in Little Rock and a total of 94 Local Health Units with at least one in each of the state's 75 counties. Additionally, ADH has three WIC only clinics and one TB Outreach clinic that also provide immunizations. Organizational centers and branches are used to oversee departmental operations.

Below is a breakdown of the ADH's organizational structure; however, it is important to note that the ADH has formed an agency internal working group called the **Pandemic Vaccination Planning Group (PVPG)** as well as a formal group of internal and external stakeholders specific to the pandemic called the **COVID-19 Prevention Workgroup**. Each group meets weekly to discuss the latest issues related to vaccine planning and rollout needs:

- The Center for Health Advancement has among its branches Chronic Disease, Tobacco Prevention and Control, Family Health, Women Infants and Children (WIC), Child and Adolescent Health, and Oral Health.
- The Center for Health Protection has branches for Infectious Disease, Immunizations and Outbreak Control, Health Preparedness and Emergency Response, and Health Systems. The Immunization and Outbreak Control Branch under the Center for Health Protection includes sections for Immunization, Outbreak Response, and Zoonotic Diseases. Branch leadership includes the Medical Director/State Epidemiologist, Branch Chief, Section Chiefs, program managers, epidemiologists and administrative staff.
- The Center for Local Public Health oversees the ADH Local Health Units, which provide services such as vaccinations, WIC and family planning. Our Local Health Units provide these clinical preventive services to communities in each of Arkansas's 75 counties. The Hometown Health Improvement Initiative is a community engagement process that focuses on issues in local communities. It is coordinated through ADH Local Health Units in partnership with community stakeholders. Through this collaboration, health strategies are developed and implemented to improve these local health issues. This branch also includes the Environmental Health, Engineering, and Plumbing sections.
- The Center for Public Health Practice includes branches for Vital Records, Health Statistics, and Epidemiology, which track the spread and monitors trends in communicable diseases like mumps, measles and chicken pox.

In addition, our Public Health Laboratory tests and reports on samples from all over the state – water samples, human samples for disease, even samples for rabies. This laboratory is prepared

for a pandemic flu or a bioterrorist event. The state public health lab is classified as a BSL-3<sup>3</sup> laboratory.

Supporting the various service programs throughout ADH is Administration; which includes finance, human resources, information technology, legal, minority health, health equity, faith-based outreach, community support, health communications, policies and procedures and facilities support.

**B. *Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage.***

Arkansas Department of Health leadership staff identified internal representatives and backup representatives from a wide array of expertise and health program areas to assemble an internal COVID-19 vaccination planning group.

The team is named the Pandemic Vaccination Planning Group (PVPG) and is co-chaired by the Immunization and Outbreak Response Medical Director/State Epidemiologist and the Immunization and Outbreak Control Branch Chief.

Group members include representatives from the: Center for Local Public Health, Pharmacy Section, Office of Health Communications, Office of Health Equity, Health Preparedness and Response Branch, Rural Health and Primary Care Branch, Information Technology Branch, Immunization and Outbreak Control Branch, Emergency Operations Center, Epidemiology Branch, and the Deputy Director of Public Health Programs. The planning group meets weekly.

**C. *Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.***

The ADH has partnered with ImmunizeAR (a state immunization coalition) to form the **COVID-19 Prevention Workgroup** which works with external partners to assist with implementing the program. Participants in this workgroup include, but are not limited to, the Arkansas Pharmacists Association, the Arkansas Hospital Association, the Arkansas Health Care Association (AHCA), and medical associations.

A more specific list is available upon request.

**D. *Identify and list members and relevant expertise of the internal team and the internal/external committee.***

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<sup>3</sup> Biosafety level 3 (BSL-3) is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with agents that may cause serious or potentially lethal disease through inhalation, to the personnel, and may contaminate the environment.

As referenced in 2b, our internal workgroup members include representatives from the:

- Center for Local Public Health with expertise in statewide vaccine administration, working with local partners to provide seamless vaccination operations, and in policy and procedures involving billing and documentation processing;
- Center for Health Protection with expertise in preparedness response, vaccine ordering and distribution, rural health, immunization and outbreak response, pharmacy matters, and finance and budgetary management;
- Office of Health Communications with expertise in public health messaging, crisis communication, social marketing campaigns, and prevention messaging;
- Office of Health Equity with expertise in identifying inequitable health practices and policies as well as developing strategies to eliminate disparities that adversely impact minorities and other vulnerable populations;
- Information Technology Branch;
- Emergency Operations Center;
- Epidemiology Branch; and
- Key leaders, policy makers and elected officials

External partners include but are not limited to:

- Arkansas Department of Emergency Management (ADEM)
- AR Coalition of Marshallese
- County Health Officers
- Health care associations and representatives for specific providers
- Health care boards and commissions
- Homeless shelters
- Local County Governments
- Local Offices of Emergency Management (OEM)
- Marshallese Consulate General
- Marshallese Educational Initiative (MEI)
- Mexican Consulate
- Organizations that support special populations

**E. Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.**

The ADH is a centralized system with 94 Local Health Units in 75 counties, whereby all of the Local Health Units operate under the ADH. For territorial authorities, we will make our vaccination records available to the Republic of the Marshall Islands and coordinate communications with its Consulate.

**F. Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.**

Arkansas has no official tribal communities, tribal health organizations or urban Indian organizations.

**G. List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:**

- **Hospitals** with help from Arkansas Hospital Association
- **Associations** such as the Arkansas Medical Society; Arkansas Chapter, American Academy of Pediatrics; the Arkansas Academy of Family Physicians, Arkansas Chapter of the American College of Family Physicians, Arkansas Osteopathic Medical Association, and others
- **Long-term care** with help from Arkansas Health Care Association
- **Pharmacies**
  - i. Arkansas Pharmacists Association
  - ii. National Pharmacy Chains via National Association of Chain Drug Stores (NACDS)
- **Correctional facilities/vendors**
  - i. Arkansas Department of Corrections (ADC) including Well Path, which holds the contract for providing health care to inmates in state correctional facilities
- **Homeless shelters**
  - i. Operation Compassion, operated by the ADH Emergency Medical Services Section, is a program for providing COVID-19 testing to all persons in homeless shelters in Arkansas. Plans are now being made to also provide COVID-19 vaccination through Operation Compassion.
- **Community-based organizations**
  - i. ADH Hometown Health Improvement (HHI) Initiative
  - ii. ADH Office of Rural Health
  - iii. NW Arkansas Council
  - iv. Latinx (ADH Office of Health Equity and community partners)
  - v. Marshallese (with help from the ADH Office of Health Equity and community partners)

- **Local Governments**
  - i. Local County Judges and Offices
  - ii. Local Offices of Emergency Management (OEM)

## Section 3: Phased Approach to COVID-19 Vaccination

### Instructions:

#### **A. Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:**

Below is a breakdown of the anticipated groups that will be prioritized to receive the vaccine(s). However, the actual determination of which groups will be prioritized for Phases 1, 2 and 3 will be based on the latest ACIP recommendations when they are made available. The Arkansas Vaccine Medical Advisory Committee will review the ACIP recommendations and make further recommendations to the Arkansas Secretary of Health regarding their specific application.

#### **Phase 1: Potentially Limited Doses Available**

Scenario: Arkansas personnel in critical functional roles in Phase-1A will receive initial COVID-19 vaccine to maintain Arkansas-wide operational capacity. Phase-1B tier population will proportionally receive initial available, potentially limited, doses.

##### Phase 1-A

- Health care personnel likely to be exposed to patients with COVID-19, including those working in hospitals, home health care, primary care clinics, dialysis treatment centers, long-term care facilities, plasma and blood donation workers, public health nurses, school and university health clinics, and ADH Local Health Units<sup>4</sup>
- Health care workers providing testing or vaccinations for COVID-19
- First-responders and emergency preparedness workers (e.g., Emergency Medical Services (EMS), fire departments, etc.)
- Essential government leaders

##### Phase 1-B

- People at increased risk for severe illness from COVID-19, including those with underlying medical conditions
- People 65 years of age and older
- Essential workers at increased risk:
  - Daycare employees
  - Employees of state correctional facilities
  - K-12 school employees including teachers, aides, janitorial and other staff
  - Law enforcement
  - Meatpacking plant workers (particularly poultry workers)
  - Other Government employees:

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<sup>4</sup> Framework for Equitable Allocation of COVID-19 Vaccines

- Executive Branch, Legislative Branch, elected officials, mayors, county judges and quorum courts
- Local government offices (e.g., Department of Human Services (DHS), Division of Workforce Services, etc.)

***Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand***

Scenario: The supply of available vaccine has increased providing access to vaccination services for a larger population.

- Vaccination is expanded to all Phase-1 populations not previously covered
- Target broad provider networks and health care settings, including:
  - Medical facilities including physician offices, health clinics, and dental clinics
  - Pharmacies
- Other critical infrastructure personnel, such as utility, transportation and grocery store employees
- Other food processing and manufacturing plants.
- Residents of long-term care facilities and other congregate-living facilities
- University employees

***Phase 3: Likely Sufficient Supply, Slowing Demand***

Scenario: There is likely a sufficient vaccine supply and slowing demand for vaccinations.

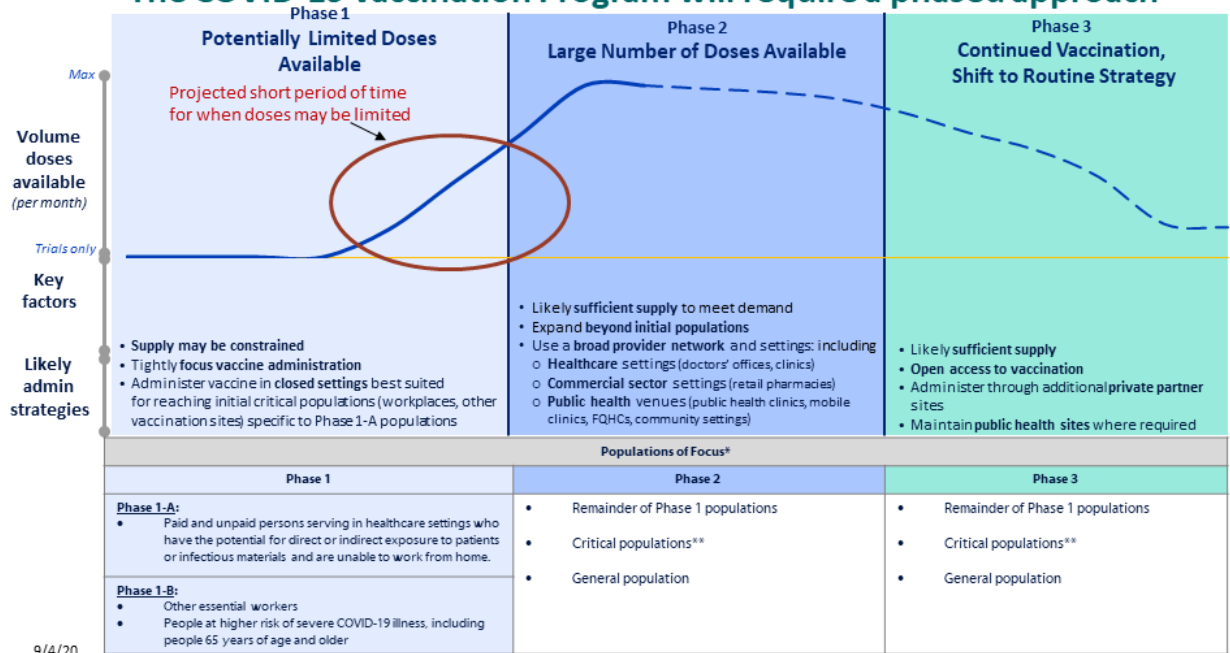
- Expand Phase-2 vaccine administration network for increased access in Arkansas
- Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
- Target hard to reach populations, homeless, vulnerable populations, and low vaccination uptake or coverage areas
- Focus on equitable vaccination access to vaccination services and allocations

Equitable Allocation of Vaccines

The ADH is staying abreast of the CDC's ACIP recommendations and the National Academy of Medicine's (NAM) "Framework for Equitable Allocation of COVID-19 Vaccine". The Arkansas Vaccine Medical Advisory Committee, which advises the ADH Secretary of Health, has a subcommittee on COVID-19 vaccination that will adapt and apply the ACIP and NAM recommendations to develop specific recommendations for each priority population in Arkansas.



## The COVID-19 Vaccination Program will require a phased approach



\*Source: Centers for Disease Prevention and Control (CDC) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations

### Points of Distribution (POD)

The open and closed Points of Distribution (POD) program can be used in order to address all three suggested phases of the COVID-19 Vaccination plan. Historically, the SNS program relies on coordination and collaboration of ADH Local Health Units, businesses, community organizations, and volunteers in the actions of mass distribution and redistribution of medical countermeasures.

**Open POD (O-POD)** - Operated by an LHU to serve the public. Generally, these PODs are conducted at the LHU or can be operated at other facilities such as fairgrounds, churches, or large theaters. An example of this would be the annual flu vaccine campaign.

**Closed POD (C-POD)** - Operated by a private entity to serve a pre-identified portion of the population. Not open to the public. C-PODs are operated out of predesignated and certified entities that have gone through the C-POD program and received certification from the ADH. The Public Health Preparedness (PHP) staff oversee maintaining and keeping a running master list of all C-PODs within their jurisdictions. Hospitals are considered C-PODs, as well as their off-shoot satellite clinics. During an MCM movement, hospitals receive their full allotment of MCM and then distribute to their satellite facilities.

Implication on phases:

**Phase 1 - Potentially limited supply of COVID-19 vaccine doses available. Initial efforts are focused on reaching the critical populations.**

- C-PODS would be a vital asset in order to reach these populations.

**Phase 2 - Large number of vaccine doses available.**

- C-PODs again would be vital as the C-POD program for the state of Arkansas has the priority of Medical, Law Enforcement, and high-risk populations in mind.
- O-PODs will play a role in vaccinating the general public

**Phase 3 - Sufficient supply of vaccine doses for entire population (surplus of doses).**

- A combination of O-PODs and C-PODs. By conducting both in tandem, essential and high-risk populations can receive MCM at C-PODs to ensure they receive it first. General populations can receive MCM at O-PODs much like annual flu vaccination campaigns.

## Section 4: Critical Populations

### **A. Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate critical populations.**

#### Identifying Populations

The Arkansas Department of Health will follow the guidance prepared by the CDC's Advisory Committee on Immunization (ACIP), and the National Academies of Sciences, Engineering, and Medicine (NASEM) to identify Arkansas's critical populations for COVID-19 vaccination. These populations will include the following:

- Critical infrastructure workforce
- People at increased risk for severe COVID-19 illness
- People at increased risk of acquiring or transmitting COVID-19
- People with limited access to routine vaccination services

#### Estimating & Locating Populations

In addition to leveraging the new Operation Warp Speed (OWS) Tiberius Platform, the ADH will continue to work closely with the Arkansas State Data Center at the University of Arkansas at Little Rock (UALR) to update Arkansas population data. Below is a list of other data sources that will be used to further define the size of the critical populations:

#### *Critical infrastructure workforce (Health care personnel)*

- American Hospital Association, Arkansas Health Care Association, and Agency for Health Care Administration survey data can provide information on full-time and part-time positions in hospitals. The survey data include estimates of the number of RNs, LPNs, nursing assistants, respiratory therapists, doctors and dentists who work in the hospitals.
- State data compiled by the CDC on number of persons in the critical infrastructure workforce. The data are collected from several registries and reports prepared by different agencies.
- County-level survey data from the Arkansas Health Professions Manpower Statistics report prepared by the Arkansas Department of Health Center for Health Statistics. This report includes information collected from several health licensing boards in Arkansas.

#### *People at increased risk for severe COVID-19 illness (LTCF residents, people with underlying medical conditions, people 65 years of age and older)*

#### Available sources:

- Information on number of persons in LTCFs is available from the Arkansas Department of Human Services Office of Long-Term Care.
- Estimates of the number of persons with underlying conditions are available from the Arkansas Behavioral Risk Factor Surveillance System (BRFSS). This is an annual health

survey of persons 18 years of age and older conducted by the CDC and the states. County-level estimates are derived from state-level data. Examples include:

- COPD
- Obesity
- Coronary heart disease
- Hypertension and/or heart disease
- Type 2 diabetes
- Estimates of the number of persons 65 years of age and older for the state and by county
  - U. S. Census Population with Bridged Race Categories available through 2019. **URL:** [https://www.cdc.gov/nchs/nvss/bridged\\_race.htm](https://www.cdc.gov/nchs/nvss/bridged_race.htm). The ADH Center for Health Statistics downloads this dataset annually.

*People at increased risk of acquiring or transmitting COVID-19*

- Racial and ethnic minority groups
  - U. S. Census Population with Bridged Race Categories available through 2019. **URL:** [https://www.cdc.gov/nchs/nvss/bridged\\_race.htm](https://www.cdc.gov/nchs/nvss/bridged_race.htm). The ADH Center for Health Statistics downloads this dataset annually.
  - American Community Survey, which has data for Pacific Islanders, Lantinx, and black populations by zip code.
  - Republic of the Marshall Islands (RMI) Consulate Group
- Incarcerated/detained persons in state correctional facilities
  - The ADH Healthcare Associated Infection group works closely with the Arkansas Department of Corrections to trace COVID-19 related data in state correctional facilities.
- People attending colleges and universities
  - Arkansas Department of Education, Division of Higher Education
- People who work in lower educational settings (e.g., K-12)
  - Arkansas Department of Education, Division of Elementary & Secondary Education
- People who are experiencing homelessness
  - Arkansas Homeless Coalition
  - U.S. Interagency Council on Homelessness
- People who work in non-medical occupations with high rates of COVID-19 (e.g., manufacturers or meat processing plants)
  - Bureau of Labor Statistics

*People with limited access to routine vaccination services*

- People living in rural communities – census data on number of persons living in non-metropolitan counties.
- People with disabilities

- American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and the Current Population Survey (CPS) from the U.S. Census Bureau. ACS provides estimates for small areas.
- 2018 State Report for County-Level Data: Prevalence. **URL for report:** <https://disabilitycompendium.org/compendium/2018-state-report-for-county-level-data-prevalence/AR> . **Source:** American Community Survey 5-year data.
- People who are under- or uninsured (available by county). Information below is for uninsured persons.
  - Arkansas BRFSS survey county estimates for selected years (includes adults 18-64 years of age).
  - Small-Area Health Insurance Estimates from the Census Bureau American Community Survey (ACS). **URL for report:** <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>. **Source:** American Community Survey.

***B. Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.***

Defining persons

The ADH will use the guidelines set forth in the report “Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response” prepared by the Cybersecurity and Infrastructure Security Agency (CISA) to define persons in the critical infrastructure workforce. This document recommends the use of risk factor matrixes to categorize employees based on risk or exposure. These matrixes are available from the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) document “Hazard Recognition.” Both these resources are referenced in Section 4: Critical Populations in the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.

Estimating number of persons

The resources that will be used to estimate persons in the critical workforce are outlined in Section A under Critical Infrastructure Workforce.

***C. Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.***

The subsets discussed in **Section 4: Critical Populations** in the Vaccination Program Interim Playbook for Jurisdiction Operations will be used to determine priority subset groups of critical populations if there is insufficient vaccine supply. Additionally, the ADH has established a subcommittee under the Arkansas Vaccine Medical Advisory Committee (VMAC) to address this concern.

***D. Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers, or communities (as appropriate) within the critical population groups.***

- Visual maps of the critical populations overlaid with a GIS map of health care providers will be used to assist in COVID-19 vaccination clinic planning by geographic area.
- Partnerships with health care and community-based organizations will be used to help with the dissemination of information about the location of vaccination sites. These organizations would include places of worship or communities of faith.
- The Phase 1 Population Group Worksheet provided in Appendix C of the playbook will be used to list persons or sub-groups in the critical populations, the agency or organization of the sub-group, the contact information (telephone number, name) for the person who is the point of contact (POC ) for that agency or organization, the key group affected in the critical population, and an estimate of the number of persons in the population.

## Section 5: COVID-19 Provider Recruitment and Enrollment

### **Instructions:**

- A. Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.**

#### Recruiting Providers

Approximately twenty COVID-19 vaccination providers have enrolled via paper application. Providers learned about enrollment through our external COVID-19 Vaccination Planning Group. We are developing and implementing an online COVID-19 Provider enrollment process using the Research Electronic Data Capture (REDCap) application. We are partnering with our IIS vendor and IIS community to develop a template for use by all states that have WebIZ immunization information systems. We expect to receive the final template within two weeks. Once the REDCap enrollment system is operational, we will begin actively recruiting providers. Methods to actively recruit providers include creating a COVID-19 Provider Enrollment webpage or link on the ADH website, adding a notice and link to the WebIZ Homepage, and working with various Arkansas organizations i.e., the Arkansas Medical Society, the Arkansas Chapter of the Academy of Family Physicians, the Arkansas Pharmacists Association and other professional groups to recruit additional COVID-19 vaccination providers.

We will also verify that providers currently participating in C-POD and O-POD systems are willing to participate in the COVID-19 Vaccination Program.

#### Enrolling Providers

Each facility will complete a COVID-19 Vaccination Program Provider Agreement and Profile Form in REDCap. Once the enrollment is received, each provider's license will be verified through [www.docinfo.org](http://www.docinfo.org).

All facilities enrolled in the COVID-19 Vaccination Program will also be required to enroll in the state IIS, WebIZ. Facilities not previously enrolled in WebIZ will enroll at the Arkansas WebIZ [Enrollment](#) page. Each provider enrolled in the COVID-19 Vaccination Program will have a "Special Project Provider Type" field in their WebIZ profile to identify the provider as a COVID-19 Vaccine Provider. That field will be updated in the code tables and the codes specified by VTrckS will be added. This will allow COVID-19 provider vaccine orders to be processed through VTrckS and prevent providers not enrolled in the COVID-19 Vaccination Program from ordering COVID-19 vaccines.

**B. Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.**

Provider Types & Settings

The ADH will be responsible for the allocation of COVID-19 vaccines to approved providers. The ADH will establish an internal workgroup to review provider profiles and match to Arkansas Vaccine Medical Advisory Committee recommendations, subject to review and approval by the Secretary of Health.

**C. Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.**

COVID-19 Vaccination Providers will enroll through REDCap. Enrollment data will be stored in REDCap. We are working with our IIS vendor to develop a rapid-entry process to import enrollment data from REDCap to WebIZ. Enrollment data will be exported from WebIZ as a CSV file and provided to CDC twice weekly.

**D. Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.**

The license status of all Medical Directors and prescribing physicians of all COVID-19 vaccination providers will be verified through [www.docinfo.org](http://www.docinfo.org) prior to receiving COVID-19 vaccine. In addition, all new facilities are vetted through the basic WebIZ enrollment process before being placed in the Vaccine Provider Program, including license verification of the physician in charge at the facility. The license status of all pharmacists participating in the COVID-19 Vaccination Program will be verified through the Arkansas Pharmacists Association.

**E. Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.**

A training guide is being developed for all COVID-19 vaccination providers. The training guide will be available on the WebIZ home page, the website of the state immunization coalition ([immunizear.org](http://immunizear.org)), and the Arkansas Department of Health website.

All providers will be required to view CDC's COVID19 training module and provide a copy of the training certificate to the COVID-19 Immunization Program (if available). All training certificates will be uploaded to the provider's REDCap enrollment record as proof of training.

While identifying all relevant trainings is still in process, those we know about include:

- COVID-19 vaccine information, including indications and contraindications/precautions



- WebIZ training, including vaccine ordering, returns, inventory management, and vaccine administration documentation
- COVID-19 vaccine storage and handling
- Vaccine transport
- Providing vaccines safely during a pandemic
- Training for the Vaccine Adverse Event Reporting System (VAERS)
- Guidance for off-site and satellite clinics

**F. Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).**

Providers will only be able to redistribute COVID-19 vaccines after signing a redistribution agreement and the transport equipment and storage units at the new vaccination site are approved. Providers planning to redistribute COVID-19 vaccines must use approved transport containers and all vaccine transfers must be entered into WebIZ.

**G. Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.**

Overall, equitable distribution will be aided by GIS mapping of COVID-19 vaccination providers, residences of high priority populations by county or zip code, and vaccine update by residents by county or zip code.

**H. Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.**

- The ADH will work closely with the Arkansas Pharmacists Association (APA) to recruit independent and small chain pharmacies in Arkansas
- New facilities will be alerted to the enrollment process through other ADH on-boarding programs, the ADH web site, and WebIZ. We will also collaborate with the APA to inform pharmacies about enrolling and training opportunities.
- Pharmacies will be notified of this option via Health Alert Network.
- All licensed pharmacists will be notified in coordination with Arkansas Board of Pharmacy via paper/email.
- Other possibilities include: Providing literature at Health Workshops and Vaccine for Children (VFC) Compliance Site Visits and providing information online during the State Immunization Summit on November 13, 2020.

## Section 6: COVID-19 Vaccine Administration Capacity

### **Instructions:**

- A. Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.**

#### Overall Administration Capacity Plan

1. The ADH will review the most recent Arkansas Influenza Pandemic Flu Plan to assist with estimating overall vaccination capacity particularly Health Care Coordination and Surge Capacity, and Vaccine Distribution and Use sections.
2. The ADH will review and collect data from various organizations such as Arkansas Hospital Association, Health Facility Services, ConnectCare-AFMC, Arkansas Pharmacists Association Pharmacists and other organizations for a list of providers in Arkansas to assess and recruit for provider participation in the COVID-19 vaccination response. These data will help estimate vaccination provider locations and settings, the populations served, vaccine administration schedules (daily/weekly) with each provider clinic, each provider's vaccine storage and handling capacity, staffing capabilities, compliance with infection control measures, and timing and duration of provider participation in the COVID-19 Response Plan.
3. ADH will be able to immediately estimate the vaccine administration capacity for VFC providers in Arkansas that want to participate in the COVID-19 vaccination response, including the ADH Local Health Units. Information collected in the CDC COVID-19 Vaccination Program Provider Agreement and Profile form provides information regarding each provider's vaccine storage capacity, vaccine administration capacity, staffing, scheduling and timing for receipt of COVID-19 vaccine, populations served, and providers practicing at the facility.

- B. Describe how your jurisdiction will use this information to inform provider recruitment plans.**

- To ensure COVID-19 services will be available to the initial population of focus, the ADH will recruit existing VFC providers for participation in the COVID-19 Vaccination Plan. IIS is already established for these providers. In addition, the ADH will recruit health care organizations previously designated as C-PODs in the public health pandemic influenza planning as potential COVID-19 vaccination providers during Phases 1A and 1B. ADH Local Health Units currently designated as O-PODS to serve all populations could serve the initial population of focus as COVID-19 vaccine becomes more readily available. The ADH will also reach out to local and critical care hospitals and health systems, commercial partners, mobile vaccinators, and community health centers that can provide COVID-19 vaccination to the initial population of focus.

- Ensure each participating provider will be enrolled in the Arkansas IIS and will complete the CDC COVID-19 Vaccination Program Provider Agreement and Profile form prior to receiving any publicly funded COVID-19 vaccine.

## Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

### **Instructions:**

- A. Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.**

The actual determination of which groups will be prioritized for Phases 1, 2 and 3 will be based on the latest ACIP recommendations when they are made available. The Arkansas Vaccine Medical Advisory Committee will review the ACIP recommendations and make further recommendations to the Arkansas Secretary of Health regarding their specific application. When Arkansas's vaccine allocation is determined, we will convene an internal workgroup. The workgroup will compare population and provider data to our state allocation and determine provider allocations. The Vaccine Medical Advisory Committee will review proposed vaccine allocations and make recommendations to the Secretary of Health.

- B. Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.**

Upon completion of COVID-19 vaccination provider enrollment, Arkansas will be able to capture information regarding cold chain capacity for individual providers. The information obtained will be an important factor when we receive notification of which COVID-19 vaccine will be used and the specific vaccine storage requirements. Based on provider enrollment information, Arkansas will know which providers can store which COVID-19 vaccine. It is our goal to have providers across the state that will be able to administer vaccinations to a broader public in a wide range of settings.

- C. Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.**

COVID-19 vaccination providers will order COVID-19 vaccine through the Arkansas WebIZ System. This is the current process vaccination providers use for ordering publicly funded vaccines. Any changes or updates to the provider profile will be made through WebIZ and the updated master file will be uploaded to VTckS. The ADH vaccine management team will verify and approve provider orders based on the state allocation, recommended populations, and

vaccination provider profiles. Once approved, final vaccine orders will be uploaded into VTrckS for submission to the CDC Distribution Center.

**D. Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.**

A COVID-19 Vaccine Redistribution Agreement is required prior to any vaccine transfer. Provider sites receiving COVID vaccine must have a signed CDC COVID-19 Vaccination Provider Profile form on file with ADH. Once COVID-19 vaccine allocations are determined and distributed across the state, we will monitor the use and need around the state. If it is determined that the vaccine needs to be moved or transferred (redistributed), ADH staff will work with the provider to arrange transport of the vaccine. If vaccine is in an ADH local health unit, a request for transfer of vaccine will be communicated and coordinated with Immunizations and Preparedness programs to facilitate the transfer. Any transfer will be documented in WebIZ for inventory management purposes.

**E. Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.**

Arkansas will utilize WebIZ to track and manage vaccine wastage as well as inventory levels.

Vaccine Wastage

Vaccine providers will enter a wastage report through WebIZ to adjust doses out and return vaccine to the ADH vaccine management team for disposition. This is the current process for publicly funded vaccine providers to account for what happened to cause the wastage. If the provider is an ADH Local Health Unit, they have an additional step of reporting the issue on an occurrence report (AS-8) for internal review.

Inventory Levels

Inventory levels will be maintained through WebIZ. The ADH vaccine management team will enter all beginning information in WebIZ, and providers will maintain daily updating of disposition and counts. Inventory level reports can be run on an as-needed basis. LHUs and vaccine providers need to maintain accurate daily physical inventory counts with location code for COVID-19 to force a reconciliation for that location in WebIZ.

## Section 8: COVID-19 Vaccine Storage and Handling

### **Instructions:**

- A. Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:**

#### Individual provider locations

Prior to COVID-19 vaccine ordering, each provider will submit pictures and/or information on the clinic storage units and data loggers, including placement of the data loggers in each storage unit that will store COVID-19 vaccine to ensure the provider has appropriate equipment and proper placement of the data logger probe. Arkansas's IIS can capture provider storage unit and data logger information and providers are able to upload data logger temperatures into the IIS, as needed.

The CDC's [You Call the Shots](#) Storage and Handling web-based immunization training course will be a required training for all providers receiving COVID-19 vaccine. The certificate of completion will be submitted to the Immunization Program prior to the provider ordering COVID-19 vaccine. In addition, the CDC's You Call the Shots COVID-19 module will also be required for all providers administering COVID-19 vaccine. If a certificate of completion is available for this module, the certificate must be submitted to the Immunization Program prior to the provider ordering COVID-19 vaccine.

Each provider will receive an ADH-developed Storage and Handling Power Point upon enrollment in the COVID-19 vaccination program.

Information from CDC's Vaccine Storage and Handling Toolkit specific to COVID-19 vaccines will be provided to each enrolled COVID-19 vaccine provider.

#### Satellite, temporary, or off-site settings

The CDC's "Guidance for Satellite, Temporary, or Off-Site Locations" and "Vaccination Guidance during a Pandemic" will be provided to COVID-19 vaccination providers upon enrollment.

CDC's guidance on packing refrigerated vaccines for transport will be provided to each enrolled COVID-19 vaccine provider.

When performing off-site clinics, providers will only be able to transport COVID-19 vaccines after verification of appropriate storage containers as outlined by the CDC Vaccine Storage and Handling Toolkit. While at off-site clinics, the vaccine will be stored in a portable storage unit, certified transport container or the manufacturer-supplied transport container (for frozen and ultra-cold COVID-19 vaccines) with an attached data logger. Instructions will be provided on monitoring and documenting temperatures every hour while off-site. All temperatures will be

reviewed after the off-site clinic prior to placing the vaccine back into the permanent storage unit.

A COVID-19 vaccine storage and handling cheat sheet and fact sheet will be distributed to each provider to use as a quick reference guide for COVID-19 vaccine storage and handling while off-site.

Temperature excursion guidance will be provided to all enrolled COVID-19 vaccinators prior to receiving COVID-19 vaccines. All temperature excursions noted during the off-site/satellite clinic will be reported to the ADH Immunization Program and/or vaccine manufacturer to determine vaccine viability prior to continued use.

*Planned redistribution from depots to individual locations and from larger to smaller locations*

Vaccine redistribution by enrolled providers will be limited to refrigerated COVID-19 vaccines. If frozen or ultra-cold vaccine redistribution is needed, it will be performed by a representative of ADH. Vaccine storage temperature logs will be reviewed prior to redistribution of any vaccine. The vaccine temperature will be monitored during transport and upon arrival at the designated clinic.

*Unplanned repositioning among provider locations*

Providers must report to the ADH Immunization Program when there is a change in a vaccination clinic location. The provider must submit Section B of the CDC COVID-19 Vaccination Program Provider Profile Information for the new vaccination site.

**B. Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.**

- ADH will assess the storage units and data loggers for all providers who plan to hold and redistribute COVID-19 vaccines for other clinics. Storage unit and data logger information must be submitted to the ADH Immunization Program with pictures, upon request.
- At least one week of documented temperatures for each storage unit must be submitted to the ADH Immunization Program prior to ordering vaccine.
- All vaccine transfers must be approved by the ADH Immunization Program prior to transport. Vaccine transport instructions will be provided to each enrolled COVID-19 vaccination provider.
- Providers redistributing COVID-19 vaccines must use a portable storage unit or certified transport container to transfer vaccines. Temperatures must be monitored using a digital data logger.
- Temperatures must be monitored during transport and upon arrival at the destination clinic.

## Section 9: COVID-19 Vaccine Administration Documentation and Reporting

### **Instructions:**

#### **A. Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.**

The ADH will ensure that all enrolled COVID-19 vaccination providers are registered in the IIS and provided training on its intent and purpose for use.

The ADH will use the state IIS, WebIZ, to collect vaccine administration information. All providers administering COVID-19 vaccines will be required to submit vaccination information, including all CDC-required data elements, to the IIS within 24 hours of vaccine administration.

Providers with Health Level 7 (HL7)<sup>5</sup> data transfer capabilities will be required to transmit COVID-19 vaccination data including all data requirements and ensure that the data is accurate. Providers who submit data requirements via HL7 will be required to manually update all inaccurate or incomplete data in the IIS for all submitted vaccinations. Electronic data submission must occur within 24 hours of documentation. Providers without HL7 capabilities will be required to submit all COVID-19 vaccination data directly into the IIS within 24 hours of vaccination.

All enrolled COVID-19 vaccination providers will be provided with Arkansas's Immunization Reporting Requirements document and the federal immunization documentation requirements outlined in the National Childhood Vaccine Injury Act enacted in 1986.

#### **B. Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.**

The Arkansas IIS is in the process of connecting with the IZ Gateway Connect and Share. Data has been successfully sent and received via Share. The Data Use Agreement (DUA) for data sharing via Connect is in process.

#### **C. Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.**

An IIS instruction guide will be provided to each enrolled COVID-19 vaccination provider which will include the following: General Use of the WebIZ, vaccine ordering and receiving shipments,

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<sup>5</sup> Health Level Seven or HL7 refers to a set of international standards for transfer of clinical and administrative data between software applications used by various health care providers.



handling spoiled and wasted vaccines, vaccine returns, inventory reconciliation, and vaccine documentation in the IIS.

Since all COVID-19 vaccinations must be entered into the IIS, the Arkansas IIS vendor, Envision, is working on a process so that all required data elements may be submitted to CDC either via the IZ Gateway Connect or via an extract from the IIS.

Video training, literature and other media will be provided to assist providers with understanding the requirements.

**D. Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.**

Providers will be required to hold off-site vaccinations where there is internet. If the internet is not currently available, providers will have to report the data immediately once it is available.

When doing offsite clinics, even clinics in the LHU, paper forms will be necessary due to volume or lack of internet resources. In this case it will be important for the units to scan and upload their forms through the ARDEM Incorporated<sup>6</sup> weblink to be processed and included in the data file that is returned to the ADH.

**E. Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.**

- COVID-19 vaccination providers will be required to run a weekly inventory reconciliation on their COVID-19 vaccines to ensure the providers are accounting for all doses of COVID-19 vaccine.
- The Immunization Program will run reports on each provider to verify that the date the vaccination was entered into WebIZ is within 24 hours of vaccine administration.
- Providers not entering vaccinations within 24 hours of administration will be contacted and re-educated on vaccination documentation. If the provider continues to delay vaccination documentation beyond 24 hours of administration, future COVID-19 vaccine orders will be suspended until clinic processes are changed so that COVID-19 vaccine documentation can occur within 24 hours of administration.
- Providers will be required to document all CDC-required data with each vaccine administration.

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<sup>6</sup> Third party vendor that hand keys information from scanned forms to electronic format to be uploaded to WebIZ.

- The Immunization Program will run reports on each provider to verify that all CDC-required data elements are included with the provider vaccine administration documentation. If the provider submits vaccination data via HL7, the provider will be required to manually add/update any required data elements that are not included in the HL7 submission. Any provider who doesn't submit the required data elements will be re-educated on the required data elements. If the provider continues to omit required data elements, future COVID-19 vaccine orders will be suspended until the provider is able to send the required data elements.

**F. Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.**

COVID-19 vaccination coverage reports can be generated on demand by the state IIS, WebIZ. These vaccination coverage reports will be used to determine the following:

- Pockets of need across the state so that mobile and/or off-site clinics may be set up to assist with vaccinations.
- Providers who can administer a high volume of COVID-19 vaccinations
- Vaccination coverage of different populations: minorities, health care workers, etc.

## Section 10: COVID-19 Vaccination Second-Dose Reminders

### **Instructions:**

#### **A. Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.**

IIS reminder/recall instructions will be provided in the COVID-19 vaccination provider enrollment educational packet. Providers will be instructed on how to use the email and text message extract in the IIS reminder/recall system so it can be used in conjunction with the provider's current reminder/recall system, if applicable.

All enrolled COVID-19 vaccination providers will be instructed to provide the COVID-19 vaccination card to all vaccine recipients, and to suggest the vaccine recipient take a picture of the vaccination card with their phone so they will have it available in the event that the card is misplaced.

The ADH will run routine reports in WebIZ to identify COVID-19 vaccination program patients that require reminder notifications. The ADH Immunization Program will then perform centralized reminder/recall at least monthly on all COVID-19 vaccine recipients to determine 2<sup>nd</sup> dose needs and send reminders and recalls to the recipients.

Arkansas will use the following method for ensuring COVID-19 vaccine recipients understand the need for a second dose:

1. Provide each patient/parent/guardian with *completed* COVID-19 vaccination record card at the time of initial vaccination and encourage and stress the importance of keeping the COVID-19 vaccination record card for the vaccine recipient's records.
2. Schedule second dose visit date during vaccine recipient's initial visit to ensure compliance with due date and same vaccine product.
3. Encourage vaccine recipients to bring their COVID-19 vaccination record card with them to their second dose visit.
4. Encourage vaccine recipients to take a photo of their COVID-19 vaccination record card and bring phone with photo to their second dose visit.
5. Encourage vaccine recipients to enter the second due date on their phone calendar or make a reminder note on their phone.
6. Encourage vaccine recipients to review their health plan's explanation of benefits or personal health statement for the initial COVID-19 vaccine date.
7. Enlist health care providers to use their current system for patient notification through their own electronic health record, robocalls, emails, text messages.
8. Update and expand the current ADH reminder/recall system to include the second dose of COVID-19 vaccine for children and adults. The Televox system currently uses information reported to the Arkansas Immunization Information System, WebIZ, to identify children that may be past due on immunizations.
9. Research/consideration of phone application which tracks/reminds of second vaccine requirement.

## Section 11: COVID-19 Requirements for IISs or Other External Systems

### **Instructions:**

- A. Describe your jurisdiction's solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues.**

All providers will be required to enter vaccinations directly to the IIS within 24 hours of administration. Ideally, COVID-19 vaccinations should be documented immediately after administration or at the end of the clinic day.

Providers performing COVID-19 vaccination clinics with high volumes should hire additional staff to enter vaccination data in real time directly into the IIS or enter the vaccination data at the end of the clinic day. The ADH will provide scanned images of paper forms to a contractor (ARDEM) for hand keying the information into a database that can be electronically transferred into the state IIS (WebIZ) within 24 hours.

#### Plan Contingencies

The ADH will provide an electronic template for providers to capture needed data that can be later transferred to the IIS when internet access is restored.

- B. List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.**

The Arkansas IIS is able to collect the following information from persons who will receive the COVID-19 vaccine: language, race, ethnicity, employment information, occupation such as health care worker, medical home information, allergies, chronic medical conditions, history of anaphylaxis and/or severe vaccine reactions, foreign travel, history of blood receipt, and disease immunity.

- C. Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.**

The Arkansas IIS is capable of bi-directional data exchange between the IIS and private provider EHR systems. We are currently working with our IIS vendor to connect to the IZ Gateway Connect and Share components so data can be submitted to the Data Lake and between jurisdictions.

**D. Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve health care personnel (e.g., paid and unpaid personnel working in health care settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.**

A REDCap enrollment link will be sent out to all Arkansas providers to complete the COVID-19 Vaccination Program Provider Agreement and Profile form. The provider agreement and provider profile information will be captured in REDCap so that the information may be extracted in a spreadsheet.

**E. Describe your jurisdiction's current status and plans to onboard to the IZ Gateway Connect and Share components.**

Arkansas is currently working with our IIS vendor, Envision, on onboarding to the IZ Gateway Connect and Share. Arkansas has been successful in sending and receiving messages with at least one state via Share.

The Data Use Agreement (DUA) for IZ Gateway Connect is in process.

**F. Describe the status of establishing:**

**1. Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway**

The Immunization Gateway, IZ Gateway for short, aims to increase the availability and volume of complete and accurate immunization data stored within Immunization Information Systems (IISs) making it available across jurisdictional boundaries. The IZ Gateway provides a centralized technical infrastructure that facilitates the flow of immunization data through an intelligent message router between IISs, large multi-jurisdictional provider organizations to IIS, and from IIS to consumers. The IZ Gateway is sponsored by the CDC Immunization Information Systems Support Branch and led by the U.S. Department of Health and Human Services Office of the Chief Technology Officer. The IZ Gateway is securely hosted on Amazon Web Services through the Association of Public Health Laboratories (APHL). Envision, Arkansas's IIS vendor, is working on setting up connectivity for IZ Gateway CONNECT. The connection will be configured in Arkansas's Test & Production environments. The connection will be left disabled in our system until ADH Legal Team and Executive staff have reviewed and appropriate parties have signed a Data Use Agreement and any applicable Business Associate Agreement (BAA). These documents are being routed via Staff Action Summary for review, approval and signature by ADH Legal Team and Executive staff.

**2. Data use agreement with CDC for national coverage analyses**

The data use agreement with CDC for national coverage analyses will be reviewed by ADH legal and executive staff and completed once CDC finalizes and releases the template.

**3. *Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component***

The Immunization (IZ) Gateway SHARE component aims to improve the immunization information available to health care providers when a patient may reside in a neighboring state/jurisdiction or has relocated from another region. IZ Gateway SHARE allows exchange of immunization information across IIS jurisdictions by automating messages to an IIS for patients immunized outside of their jurisdiction through a centralized data exchange infrastructure – the IZ Gateway. Arkansas completed a Memorandum of Understanding (MOU) for IIS-to-IIS exchange with other states in 2018. This connection has been completed and testing is in process. As this connection relates to COVID-19, CDC is not requiring an updated MOU; however, CDC requires a Data Use Agreement between Arkansas and the Association of Public Health Labs (APHL) for connectivity to both the IZ Gateway CONNECT and SHARE. The required documents are being routed via Staff Action Summary for review, approval and signature by ADH Legal Team and Executive staff.

**G. *Describe planned backup solutions for offline use if internet connectivity is lost or not possible.***

The ADH Immunization Program is developing a paper COVID-19 vaccination form that includes all CDC-required data elements. The paper form must be used to document vaccinations when there is decreased or no internet connectivity. Once internet access is available, the vaccinations must be entered into the Arkansas IIS.

ADH will provide an electronic template for providers to capture needed data that can be later transferred to the IIS when internet access is restored. The ADH will also provide scanned images of paper forms to a contractor for hand keying the information into a database that can be electronically transferred into the state IIS (WebIZ) within 24 hours.

**H. *Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.***

Arkansas is working with our IIS vendor to ensure that the IIS can support the COVID-19 vaccination program, including consuming and transmitting or exporting the required data elements to send to CDC.

Arkansas's IIS vendor will ensure that the IIS is on the most current version.

Arkansas will work closely with Envision to test the data transfer via the IZ Gateway to ensure that all required information is reported.

Arkansas will share data with other jurisdictions via the IZ Gateway Share. This process has been completed and verified that data sharing is available. Planning activities should center on ensuring that the jurisdiction can access and use the IZ Gateway, CDC's Vaccine Administration Management System (VAMS), and other systems.

Arkansas will submit required information to CDC via the IIS using the IZ Gateway Connect. If there are issues with the IZ Gateway, Arkansas will extract the reporting information and upload to the designated CDC site.

Arkansas is working with Envision on connecting to Connect and Share. Messages have been sent and received successfully via Share. If we are not able to successfully connect to CDC's database via the IZ Gateway Connect, we will extract the required reporting information from the IIS and manually upload to CDC's database.

IIS onboarding information will be included in all COVID-19 vaccination provider enrollment packets. Providers must be registered in the IIS to order vaccine.

Arkansas is in the process of completing a Data Use Agreement with the Association of Public Health Laboratories (APHL) and CDC for the sharing of information between Arkansas and these entities.

Arkansas will not use the VAMS system for data entry or submission. All COVID-19 vaccination data will be entered into the IIS and reported via Connect to CDC. IIS training will be provided to all enrolled COVID-19 vaccination providers on use of Arkansas' IIS.



## Section 12: COVID-19 Vaccination Program Communication

### **Instructions:**

- A. Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.**

The ADH Office of Health Communications, in collaboration with the ADH Office of Health Equity, ADH subject matter experts, and agency leadership will coordinate messaging across multiple platforms and channels to optimize communication with all audiences before a vaccine is ready as well as through the different phases of the program leading up to and including wide availability of a vaccine.

Specific messaging will be developed and aimed at health care personnel, health insurance issuers, employers, government and community partners and stakeholders and the public/consumers. Emphasis will be made on reaching groups with increased risk or with limited access to vaccination services, including Arkansas's Hispanic and Marshallese populations. All messaging will be reviewed to ensure it is culturally appropriate, respectful and free of stigma and/or bias and to verify that it uses plain language that is accessible by the intended audience.

Several communication channels will be utilized to maximize reach of the different messages, including some that will be employed before and during all stages. Information will be shared, and media questions answered during the weekly live-streamed press briefing hosted by Arkansas Gov. Asa Hutchinson and featuring Health Secretary Dr. José R. Romero. More frequent briefings are possible if circumstances require them. News releases adhering to the CDC's Vaccinate with Confidence framework will be developed and distributed to statewide media, and these will be accompanied by complementary social media posts shared to the ADH accounts. ADH Communications staff will answer questions from reporters and facilitate interviews with agency physicians to further drive home the messages. Guidance documents and updates will be posted on the ADH COVID-19 website, shared on social media and sent directly to relevant stakeholders and partners. Culturally appropriate marketing and advertising communications will be developed to ensure parallel or supporting messaging across targeted digital, radio, TV and billboard campaigns.

Internal and external partners will be engaged through several initiatives. The Arkansas Joint Information Center (JIC), which includes communications personnel from numerous state agencies, will continue to meet. The JIC daily conference call and distribution list will be used to disseminate messaging, answer questions and maintain communication among stakeholders. A Pandemic Vaccination Planning Group subcommittee will also be formed to bring in additional external stakeholders. And existing connections between the ADH and statewide providers, hospitals and pharmacies will be leveraged to deploy messaging.



### Phase 1

In the first phase, when the vaccine is available in limited supplies and only for specific populations, the key audiences will likely include health care personnel and other essential workers, nursing home residents and others at high risk for severe outcomes, and some employers and community partners and stakeholders. Depending on the availability and the final determination on who will be eligible for vaccination at this juncture, these audiences may change. Guidance documents will be created for the relevant populations who can receive a vaccine, and these will be shared through existing ADH partnerships with these groups. Broader communication efforts will center on the safety of the vaccine and the plan for increasing availability as the program progresses, as well as combating misinformation.

### Phase 2

In the second phase, as the vaccine becomes available to at least some members of the general public, the audiences will expand to also include health insurance issuers and plans, additional employers, those in groups at increased risk of acquiring or transmitting COVID-19, and those with limited access to vaccination services.

Guidance will be developed and dispersed to the ADH Local Health Units around the state as well as other hosts that will provide any COVID-19 vaccine. Emphasis will be made during this phase on reaching Arkansas's African American, Marshallese and Hispanic populations.

The subcommittee will engage ADH officials who work with these groups as well as external stakeholders, including the Northwest Arkansas Council, with ties to these communities. Materials including flyers and signs, social media posts, videos, news releases and guidance documents will be translated to Spanish and Marshallese as frequently as possible, and digital ads/marketing will be targeted to applications known to have high use within these communities. We will work with employers to provide communication on the risks/benefits of the vaccine, and about upcoming clinics.

Specific engagement will be targeted toward poultry plants in the state. We will disseminate messaging through existing partnerships with the businesses as well as through groups with ties to communities that have large numbers of workers at poultry plants, including the Northwest Arkansas Council. Messaging should emphasize the safety of the vaccine and communicate the process for getting the vaccine in multiple languages and formats. Messaging targeting the Hispanic and Marshallese communities will be empowering and inspirational while avoiding stigmatizing communication. Local stakeholders and influencers will be encouraged to amplify the messages using their own voices. The Office of Health Communications is also working with an external vendor to conduct focus groups that will discuss vaccine issues with diverse members of the public. Efforts to emphasize the safety of the vaccine along with its efficacy will be maintained during this phase.

### Phase 3

In the third phase, when the vaccine is widely available, culturally appropriate messaging will continue to the audiences in the first and second phases along with a broader focus on encouraging the general public to get vaccinated. Communications will emphasize the safety and efficacy of the vaccine, dispel misinformation and make clear the process and available resources for getting vaccinated in different parts of the state and for various populations. Vaccine uptake will be tracked, and that information will be used to identify key audiences or regions that should be targeted through educational/informational campaigns.

The ADH coronavirus call center will be maintained across all phases, and input from the public there as well as through questions/comments sent to the ADH website or social pages will be used to help gauge what messaging will need to be reinforced or changed.

**B. *Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.***

Communication strategies will be centered on the Crisis and Emergency Risk Communication (CERC) principals, which necessitate timely message development along with truth, credibility, empathy and respect. The Arkansas Department of Health has a CERC plan to ensure clear, effective and coordinated risk communication. This has been implemented during the COVID-19 response and will continue across all phases of vaccine development and distribution.

As new developments emerge, messages will be crafted immediately by the ADH Office of Communications staff and then tailored to the key audience and distribution channels. Messaging that requires leadership review will be expedited, and then distributed as soon as approval is made.

These messages will be delivered in various ways. Some will be shared at the live-streamed news briefings that generally occur on Tuesdays but can be arranged quickly on other days if needed. Interviews with radio/TV/digital media across the state with ADH spokespersons and physicians will also be an important tool, and those can be arranged and conducted with minimal lead time using video conferencing software.

Messaging will also be shared on social media applications including Facebook, Twitter and Instagram. Influencers will be encouraged to share the posts or create their own restating the messaging goals in their own words.

The ADH website will continue to be a destination for new information and resources with updates added as often as necessary each day.

The Joint Information Center will also be an important tool for sharing new developments with stakeholders across state and local government. These can be relayed at the daily conference call, or more quickly through the email distribution list.

The ADH has existing partnerships and close working relationships with several groups/segments, and these connections can be used to facilitate culturally appropriate messaging to these audiences. These include staff that work closely with nursing homes, congregate settings like jails and prisons, the poultry industry, manufacturers, schools, colleges and universities, churches and other places of worship, restaurants and food service businesses and others. These partnerships can be used to streamline communication and deliver updates about critical topics quickly and directly.

The ADH is also collaborating with UAMS College of Public Health to collect survey information to assess the public communication needs regarding COVID-19 vaccines.

## Section 13: Regulatory Considerations for COVID-19 Vaccination

### **Instructions:**

- A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.**

Each participating provider including local health departments will be required to complete the CDC's COVID-19 Vaccination Program Provider Agreement and Provider Profile forms prior to receiving publicly funded COVID-19 vaccines.

The provider must administer COVID-19 vaccine in accordance with all agreement requirements and recommendations of CDC and if available the Advisory Committee on Immunization Practices (ACIP). Each provider must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS) to each vaccine recipient/adult caregiver accompanying the recipient or other legal representation before administering any COVID-19 vaccine. When a provider completes and signs/acknowledges the provider agreement, they are consenting to comply with the agreement requirements listed.

The Immunization consent form when completed and signed by the vaccine recipient indicates the vaccine recipient has read and/or been provided an explanation of the information for the respective EUA vaccine and authorizes the provider to administer the COVID-19 vaccine.

Notification of release of the vaccine EUA documents with website links will be forwarded to various areas within the Arkansas Department of Health including Local Health Units as well as external vaccine partner groups such as the Arkansas Pharmacists Association, Arkansas Medical Society and Arkansas Hospital Association.

Utilizing the ADH Office of Health Communications for notifications to outside-enrolled providers could include possible news releases or a one-pager document with embedded links and graphics targeted to enrolled COVID-19 vaccination providers rather than statewide distribution. In addition, the Office of Health Communications could share the notification or the link to the ADH social media accounts and seek amplification from other users, particularly those with ties to providers/health care personnel. If needed, encouragement will be provided by the ADH during the weekly news briefings to emphasize the release of this information with directions to access or a phone number to call for questions.

- B. Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.**

EUA notifications will be sent to enrolled vaccination provider groups and associations. They will instruct enrolled providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.

Prior to receiving COVID-19 vaccine, enrolled providers will be encouraged to have an ample supply of preprinted EUA provider and recipient fact sheets should website access be limited or unavailable due to unforeseen circumstances.

In addition to EUA fact sheets for vaccine recipients printed in English, enrolled COVID-19 vaccination providers should also have an adequate supply of vaccine recipient forms or VISs in additional languages to ensure appropriate communication in their respective community.

## Section 14: COVID-19 Vaccine Safety Monitoring

### Instructions:

- A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).**

Health care providers should report clinically important adverse events following COVID-19 vaccination to Vaccine Adverse Event Reporting System (VAERS). VAERS is a national early warning system to detect possible safety problems with vaccines. Anyone, including a doctor, nurse, pharmacists, or any member of the general public can submit a report to VAERS.

All vaccine providers are required to use VAERS; however, some do not. And we at the ADH understand that using a new fast-tracked set of vaccines makes this extra effort more important than ever. The ADH plans to make special efforts to reinforce the side effect issue and importance of reporting.

Per the CDC COVID-19 Vaccination Program Provider agreement, COVID-19 vaccination providers are required to report adverse events following COVID-19 vaccination and should report clinically important adverse events even if they are not sure if the vaccination caused the event. Vaccine manufacturers are required to report to VAERS all adverse events that come to their attention. Jurisdictions should ensure that the COVID-19 vaccination providers they enroll understand the procedures for reporting adverse events to VAERS. More information on submitting a VAERS report electronically can be found [here](#). The VAERS Fact Sheet is also attached for reference.

The ADH may send periodic Health Alert Network messaging to remind and educate on reporting adverse events

## Section 15: COVID-19 Vaccination Program Monitoring

### **A. Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:**

#### Provider enrollment

The ADH must submit provider enrollment data to CDC twice weekly, on Monday and Thursday. Participating providers will complete the COVID-19 Vaccination Program Provider Agreement and Profile form, and upon approval from the ADH Immunization Program, the provider will receive the publicly funded COVID-19 vaccine. Participating providers are required to use the state IIS inventory management of COVID-19 vaccine.

#### Access to COVID-19 vaccination services by population in all phases of implementation

The CDC COVID-19 Vaccination Response Dashboard through CDC's SAMS partner portal will provide information on critical population categories and the number of health care providers and facilities for providers to access. The general public may access information on CDC's website.

#### IIS or other designated system performance

- WebIZ is a web-based, database-driven immunization registry system designed to meet the standard requirements for effective tracking and administration of immunizations in a public health setting.
- WebIZ also provides a great deal of customization options and extensibility that serve the needs of most providers. A robust vaccine recommender incorporates CDC ACIP guidelines based on Clinical Decision Support for Immunizations (CDSi) logic, supporting data, and tests. There is also integration with external systems, such as vital records, master patient indexes, and electronic medical records via HL7. There are multiple levels of inventory tracking, including VTrckS integration.

#### Data reporting to CDC

Each provider must submit data to the state IIS within 24 hours of administering a COVID-19 vaccine. IIS data will be transmitted daily to CDC via IZ Gateway or batching data.

#### Provider-level data reporting

Each participating provider will be responsible for entering certain data elements for each dose of COVID-19 vaccine administered within 24 hours. ADH will monitor IIS reporting by enrolled providers.

### Vaccine ordering and distribution

Once enrolled in the state IIS, participating providers will order COVID-19 vaccine through VTrckS and will be approved by the ADH vaccine management team before the order is submitted. The vaccine management team is a resource for vaccine ordering and distribution for participating providers. Participating providers' COVID-19 vaccine inventory can be monitored by doses administered, doses on hand, expired doses, and wasted doses on a daily basis.

### 1-dose and 2-dose COVID-19 vaccination coverage

Providers are required to enter all doses of COVID-19 vaccine into the state IIS, either manually or via HL7. Using the multiple IIS vaccination and coverage reports, ADH will be able to determine all COVID-19 vaccination recipients across the state, and how many doses of COVID-19 vaccine each person received. Everyone that receives a COVID-19 vaccination will receive a vaccination card during the initial visit and will be encouraged to provide the card on the subsequent vaccination visit to ensure the initial dose was documented in the IIS.

## **B. Describe your jurisdiction's methods and procedures for monitoring resources, including:**

### Budget

The ADH Budget Analyst will monitor, track and report on the budget.

### Staffing

To ensure staff are adequately trained, providers should have backup staff available and possibly solicit volunteer help from retired staff. Each participating provider should ensure staff are trained on vaccine administration, and vaccine storage and handling. All staff are required to complete the CDC [You Call the Shots: Vaccine Administration and Vaccine Storage and Handling](#) prior to participating in the COVID-19 vaccination plan. A certificate of completion may be obtained.

### Supplies

The Arkansas IIS provides the ability for providers and ADH Local Health Units (LHUs) to order their COVID-19 vaccine and manage their vaccine inventory. Providers monitoring their supplies other than what is provided in the ancillary kits with the COVID-19 vaccine should be done on an as needed and at least weekly basis to replenish supplies and ensure availability throughout the COVID-19 response plan. Ancillary kits will not contain gloves, band aids, sharp containers, or hand sanitizer. Each participating provider will be responsible for monitoring their supplies. Each participating provider should develop a supplies checklist and track inventory daily. Regular monitoring will prompt orders and replenish supplies to ensure availability at the site. Supplies outside of the ancillary kit will be gloves, sharps containers, band aids, and hand sanitizer. Each participating provider should have an ample supply of EUA printed prior to clinic. LHU staff will report to the ADH Operations Manager weekly the amount of supplies on hand and the amount of supplies needed.



**C. Describe your jurisdiction's methods and procedures for monitoring communication, including:**

Message delivery

Participating providers may access the State IIS home page, Healthy Arkansas website, and Immunize AR websites for updated COVID-19 information.

Reception of communication messages and materials among target audiences throughout jurisdiction

The ADH will continue with the CDC all-awardee calls and monitor all CDC email communications and website updates routinely to pass on information to participating providers either by posting on the Arkansas IIS home page, Healthy Arkansas website, or Immunize AR website to ensure participating providers are up to date on current messaging. The ADH will routinely monitor both the CDC COVID-19 Dashboard and local-level messaging to inform their communication efforts to participating providers.

**D. Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).**

The ADH will establish staff roles and responsibilities and provide training or technical assistance if needed. The ADH will remain in constant communication with participating providers and local partners during all phases of the COVID-19 vaccination response to ensure adherence to recommendations and guidance from CDC, state and local authorities. The COVID-19 Vaccination Program Provider Agreement and Profile form provides information on the Chief Medical Officer and Chief Executive Officer who are responsible for compliance with the agreement. The primary COVID-19 vaccine coordinator is responsible for receiving vaccine shipments, monitoring storage unit temperatures, and managing inventory. Each provider must provide a back-up COVID-19 vaccine coordinator. A medical director/pharmacy director or vaccine coordinator will ensure vaccine storage units maintain required temperature ranges to prevent vaccine loss.

**E. Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.**

- The Jurisdiction's website location is <https://www.healthy.arkansas.gov/>. Metrics are under Diseases and Conditions>COVID-19.
- The current Arkansas COVID-19 Dashboard provides the number of COVID-19 cases per state and county, active cases, deaths, tests, hospital information, case demographics, COVID-19 guidance, directives, and resources. The COVID-19 Dashboard could be updated to include the vaccination provider enrollment, number of participating providers and locations, number of doses distributed, and doses administered to provide all populations with critical information on Arkansas's COVID-19 vaccination response.

## Appendix

**Instructions:** Jurisdictions may choose to include additional information as appendices to their COVID-19 Vaccination Plan.

- VAERS Fact Sheet